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Dated: April 4, 2005

Signature:

Judy Bridgewater
(Judy Bridgewater)

17W
Docket No.: 564462001824
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Office of the
Patent & Trademark
APR 06 2005
I re Patent Application of:
Jay M. SHORT et al.

Application No.: 10/601,319

Filed: June 20, 2003

For: RECOMBINANT PHYTASES AND
METHODS OF MAKING AND USING THEM

Confirmation No.: 6967

Art Unit: 1652

Examiner: D. M. Ramirez

STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the attorney named below be advised of the status of the above-identified application. Please advise us of when we might expect to receive an Office Action from the Patent and Trademark Office.

Dated: April 4, 2005

Respectfully submitted,

By *Brenda J. Wallach*
Brenda J. Wallach

Registration No.: 45,193
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/601,319	
	Filing Date	June 20, 2003	
	First Named Inventor	Jay M. SHORT	
	Art Unit	1652	
	Examiner Name	D. M. Ramirez	
Total Number of Pages in This Submission	2	Attorney Docket Number	564462001824

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter (1 page) <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard		
<table border="1"><tr><td>Remarks</td><td>Customer No. 45975</td></tr></table>			Remarks	Customer No. 45975
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Brenda J. Wallach</i>		
Printed name	Brenda J. Wallach		
Date	April 4, 2005	Reg. No.	45,193

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